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B 5 (Official Form 5) (12/07)

United States Bankruptcy Court			NAME OF THE PARTY.	
Northern District of Illinois			INVOLUNTARY PETITION	
IN RE (Name of Debtor – If Individual: Last, First, Middle)			ALL OTHER NAMES used by debtor in the last 8 years	
Yassinger, Jordan Lee		(Include married, ma	aiden, and trade names.)	
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.): 1859		N		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)		MAILING ADDRES	SS OF DEBTOR (If different from street address)	
6019 N Claremont Chicago, IL				
COUNTY OF RESIDENCE OR PRINCIPAL PLACE	OF BUSINESS			
Cook ZIP CODE				
	60659		ZIP CODE	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)				
CHAPTER OF BANKRUPTCY CODE UNDER WH	ICH PETITION IS FILED			
✓ Chapter 7 □ Chapter 11				
INFORMATION REGARDING DEBTOR (Check applicable boxes)				
Nature of Debts (Check one box.)	Type of Debtor (Form of Organization)		Nature of Business (Check one box.) Health Care Business	
Petitioners believe:	✓ Individual (Includes Joint Debtor)□ Corporation (Includes LLC and LLP)		☐ Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B)	
✓ Debts are primarily consumer debts	□ Partnership		□ Railroad	
☐ Debts are primarily business debts	☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)		□ Commodity Broker	
			□ Clearing Bank□ Other	
VENUE			FILING FEE (Check one box)	
✓ Debtor has been domiciled or has had a residence, principal ✓ F			Eull Filing Foe attached	
place of business, or principal assets in the District	for 180			
			Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached.	
[If			f a child support creditor or its representative is a petitioner, and if the titioner files the form specified in § 304(g) of the Bankruptcy Reform Act of	
		1994, no fee is required.]		
		OR AGAINST ANY PART		
Name of Debtor	BTOR (Report information for any additional cases on a Case Number		Date	
Relationship	District		Judge	
ALLECAT				
ALLEGATIONS (Check applicable boxes)			COURT USE ONLY	
 ✓ Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). □ The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 				
3.a. The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or				
b. Within 120 days preceding the filing of this pe agent appointed or authorized to take charge o debtor for the purpose of enforcing a lien agai	f less than substantially all o	of the property of the		

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Name of Debtor_Yassinger, Jordan Lee

Case No._____

TRANSFER OF CLAIM Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).				
REQUEST FOR RELIEF Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.				
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. x Signature of Petitioner or Representative (State title)	x Signature of Attorney James Ø Stola	8/10/15 Date		
Name of Petitioner Date Signed Name & Mailing	Name of Attorney Firm (If any) 3057 N Rockwell St, Chicago, IL 60618 Address			
Address of Individual Signing in Representative Capacity	(773) 969-6570 Telephone No.			
Signature of Petitioner or Representative (State title) Jordan Lee Yassinger Name of Petitioner Date Signed	Signature of Attorney Law Office of James O st Name of Attorney Firm (If any)	S/10/15 Date		
Name & Mailing Address of Individual Signing in Representative	3057 N Rockwell St., Chie Address (773) 969-6570 Telephone No.	cago, IL 60618		
Capacity	x			
Signature of Petitioner or Representative (State title)	Signature of Attorney	Date		
Name of Petitioner Date Signed	Name of Attorney Firm (If any)			
Name & Mailing Address of Individual	Address			
Signing in Representative Capacity	Telephone No.			
Name and Address of Petitioner	REDITORS Nature of Claim	Amount of Claim		
Name and Address of Petitioner	Nature of Claim	Amount of Claim		
Name and Address of Petitioner	Nature of Claim	Amount of Claim		
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above. Total Amount of Petitioner Claims				
continuation sheets attached				